Russ College of Engineering and Technology/Aviation Department

Transition Degree Completion Plan

Student Name	PID	Catalog Year to Follow	Qtr hrs Completed	Expected Graduation Date			
				Qtrs		Sems	

Tentative Course Plan: Course: enter course label (i.e. ENG 151, MATH 113); GE Code: enter general education code (i.e. 2AS, 1J)

*Subject to course availability

FALL QUARTER 2011-2012			WINTER QUARTER 2011-2012			SPRING QUARTER 2011-2012			SUMMER QUARTER 2011-2012		
Course	Cr. Hr.	GE Code	Course	Cr. Hr.	GE Code	Course	Cr. Hr.	GE Code	Course	Cr. Hr.	GE Code

FALL SEMESTER 2012-2013			SPRING SEMESTER 2012-2013			SUMMER SEMESTER 2012-2013		
Course	Cr. Hr.	GE Code	Course	Cr. Hr.	GE Code	Course	Cr. Hr.	GE Code

FALL SEMESTER 2013-2014			SPRING SEMESTER 2013-2014			SUMMER SEMESTER 2013-2014		
Course	Cr. Hr.	GE Code	Course	Cr. Hr.	GE Code	Course	Cr. Hr.	GE Code

FALL SEMESTER 2014-2015			SPRING SEMESTER 2014-2015			SUMMER SEMESTER 2014-2015		
Course	Cr. Hr.	GE Code	Course	Cr. Hr.	GE Code	Course	Cr. Hr.	GE Code

NOTE: Add additional tables if student's TDCP extends beyond summer 2015.

Requirement	Completed		QTR or SEM to be Completed if "N" at time of TDCP Review
Tier I Freshman Comp.	Y	N	
Tier I Quantitative	Y	N	
Tier I Junior Comp.	Y	N	
Tier II	Y	N	
Tier III	Y	N	
Minor	Y	N	
Residency	Y	N	
Total Hours	Y	N	

Advising Notes:

I understand that I must successfully complete the courses listed above during the designated terms in order to graduate in the stated timeframe. I also understand that failure to follow this plan may result in a change in the date of my degree completion. By signing below, I confirm that I agree with the contents of this Transition Degree Completion Plan.

Weather and maintenance issues are beyond the control of the Department of Aviation. These issues may impact flight training schedules, which could cause a loss of proficiency and result in additional flight time, which may result in a delay in your graduation date. Any expenses incurred due to such delays are the financial responsibility of the student.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

COLLEGE OFFICE USE:

Date Received: _____ Date Approved: _____ Initials: _____

Complete Submission: Y N Approved by: _____